

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032584

318

1003

8095

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8095

1. FILED AUG 31 1962

a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Kansas b. COUNTY Neoshob. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
14 Days

c. CITY OR TOWN Thayer

Inside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR St. Louis Little Rock  
INSTITUTION Hosp. Inc.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
R.R.#2 - Box 7Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Bert

Lee

Jordan

4. DATE OF DEATH

Month

Day

Year

August

17,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-24-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Camden, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Ben Jordan

13b. MOTHER'S MAIDEN NAME

Olivia Robison

14. NAME OF HUSBAND OR WIFE

Cora May Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

W. W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Cora Jordan

Thayer, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

434.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 3, 1962 to August 17, 1962 and last saw him alive on August 17, 1962

Death occurred at 4:05 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

8/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

8-20-62

23c. NAME OF CEMETERY OR CREMATORY

Thayer Cemetery

23d. LOCATION (City, town, or county)

Thayer, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Engle Funeral Home-Thayer, Kansas

25. DATE RECD. BY LOCAL REG.

AUG 20 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

281508X

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 31 1952

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Elton H. Peneluso*

Licensed Embalmer No.

*4283*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.